



APPLICATION FOR FIRE PROTECTION PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3716 (757) 220-6136, Fax (757) 259-3798

CITY OF WILLIAMSBURG

OFFICE HOURS 8:00 AM – 4:30 PM

STREET ADDRESS/LOCATION: _____

PROJECT NAME ; _____

APPLICANT: OWNER _____ CONTRACTOR _____ LEASEHOLDER _____ OTHER _____

CONTRACTOR: _____ PROPERTY OWNER: _____

ADDRESS: _____ ADDRESS: _____

ZIP CODE: _____ ZIP CODE: _____

PHONE: _____ PHONE: _____

JOB CONTACT: _____

****PROOF OF VALID STATE AND LOCAL CONTRACTOR LICENSES MUST BE PROVIDED AT TIME OF APPLICATION****

STATE REGISTRATION # _____ CLASS: A B C EXPIRATION _____ WORK CLASS _____

BUSINESS LICENSE LOCALITY _____ NUMBER _____ EXPIRATION _____

BRIEF DESCRIPTION OF WORK _____

USE GROUP _____ SYSTEM REQUIRED BY USBC YES ____ NO ____

____ AUTOMATIC SPRINKLER: ____ Residential (13D) ____ Limited Area (20 heads) ____ Commercial (13, 13R, 231C) # OF HEADS _____

____ FIRE PUMPS (Per Pump) ____ STANDPIPE SYSTEM (Per Riser)

____ FIRE PROTECTION (Per Hood) # of HEADS _____ FIRE ALARMS AND DETECTION: # OF DEVICES _____

TOTAL VALUE OF JOB: \$ _____ APPLICANT SIGNATURE: _____

DATE: ____/____/____

APPLICANT PRINTED NAME: _____

PERMIT # F-00 _____

APPLICATION # _____